## FOR STATE

FOR STATE HEALTH DEPT.

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5N	1 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4746 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04732

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTY b. COUNTY St. Mary's MARYLAND Montgomery Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give nearest town) USNAS. Patuxent River Seconds Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARMS 10301 Crestmoor Dr. YES NO X 3. NAME OF First Middle 4. DATE Yeor OF DEATH 59 ATWELL April (Type or print) 117/11 HAH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In yours IFUNDER TYEAR IF UNDER 24 HRS. Months Days Male Caucasian | WIDOWED [ DIVORCED [ December 14,1923 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KOOM PUBLIFY OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? Springfield Ord. USA Industrial Spec. Texas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ben F. Atwell R ose Lee Spaulding 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANTOFFICIAL U. S. Navella Records. 46 NARTU, Anacostia, D. C. to 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). Inmediately PART I. DEATH WAS CAUSED BY: Extreme Multiple Injuries IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause **DUE TO** (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPS CERTIFICATION PERFORMED? NOF 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) Crash, while landing, of military aircraft. TOO NURY OCCURRING 20 PLADE OF INJURY (Hopes, form, 20f. (Cily or town) (County) of work of work of Naval Air Station Patuxent River, St. Mary's, Md. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X, Inquiry . ond in my Natural couses . Accident . Suicide . Homicide . Undetermined monner opinion death resulted from: USNAS PATUXENT RIVER MD. 4-5-59 ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER NAME (Type) WM D. DEPUTY MEDICAL EXAMINER TY 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 4-8-59 Arlington National Arlington Virginia Burial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & House ADAMS FUNERAL HOME, 4748 Wisc. Ave., NW, Wash, DC

SHOWING ASSESSMENT OF THE PARTY STAR MEDICAL EXAMINER'S CENTIFICATE OF DEATH 5105 35.18 The Voltage Comment of the Comment o multiplication of electric solutions in a supplication of the supp thread, at the tracker, of attach at the largett. management District Dank Brook District and state of The property of the United States of the Control of 

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VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04733

	4	747	CERTI	FIC.	ATE OF E	EATH			Reg. Dist	No.	
1. PLACE OF DEATH a. COUNTY	. Mary's		MARY	LAND	2. USUAL RESID		land	ived. If instituti b. COUNTY	0	before oc	
b. CITY OR TOWN RURAL and give r	(If outside carporote limi	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If or	utside corporo	e limits, write F			100
	Clements		Life		X Ru	ral	Clem	ents			
d, NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, ç	give street	oddress)		d. STREET A	DDRESS				0	RESIDENCE
3. NAME OF DECEASED (Type or print)		rrie	Middle Louis		Band		4. DATE OF DEATH	Apri		Doy 3,	Yeor 19 59
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D	B. DATE OF BIRTH	1	9.	AGE (In years last birthday)			INDER 24 HRS.
Female	Colored			_	Aug. 1	3,18	84 '	/4 yrs.	Months D	ays Ho	urs Min.
10a. USUAL OCCUPATI during most af wor House	ON (Give kind of work king life, even if retired Wife	done 10b.	KIND OF BUSINESS O	R INDUS		ylan		ntry)	-	S.A.	HAT COUNTRY
13. FATHER'S NAME	3				14. MOTHER'S	MAIDEN N	AME ?				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. 11	FORMANT			Add	ress		
No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I	lone	Ki	ng P. E	lond	C:	Lement	s, Ma:	ryla	nd
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		ADENOCARCI		OF THE	LUNGS				ONSET A	L BETWEEN AND DEATH
Conditions, if a gove rise to cause (o), stating lying couse lost.	immediate (	)	EXTENSIVE ONTERRUTING TO DE-					CONDITIONS	(ENLINE GART)	calle w	ALL ALLTORCY
CAT									CO IN PART	PE	RFORMED?
	AS UNDERLYING DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OF	CCURRE	). (Enter nature al	injury in Po	ort I or Part II	of item 1B.)			
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Yes	20d. IN While at work	_ Not while_	20e. PL/ foc	CE OF INJURY () tory, street, office	lame, form, bldg., etc.)	20f. (City or	town)	(Co	unty)	(Stote)
21. I certify the olive on	hat I attended the	195	9, and that	20,	accurred of	A	DDRESS (Stree	the causes of th	and on the state) APRI	dote st	DATE SIGNE
220. BURIAL, CREMATIC	Charles Con 1226, DATE THEREO		Well M.D		CREMATORY			own, Ma			
Burial Specify	4/27/59	)	St. Jo				Morga		Mo	d.	Stote)
23. FUNERAL DIRECTOR	's signature Mattingle	T To	ADDRESS	. 7	12		BY REGISTRA		STRAR'S SIGN		
M. OTat.Ke	racturgie	y Le	onar ucow	1 9 1	iu.	DATE AP	R 2 8 '59	a	rthug S. 1	halle	

DATE APR 2 8 '59

BUY 24		CERTIFICA	•	T.	
	Commission National ID VII.				
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THE STATE OF STREET					
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01734

	***	140	CERTIFIC	ATE OF DEATH			Reg.	Dist. No.	2 8 0	X
1. PLACE OF DEATH o. COUNTY St	. Mary's		MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl		d lived. If instituti b. COUNTY	on: Resi		re odmissi	
b. CITY OR TOWN RURAL and give HOLLYWO		ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Hollywoo		rote fimits, write R				, , , , , , , , , , , , , , , , , , , ,
	ITAL (If not in hospital, g	ive street		d. STREET ADDRESS	u					DENCE FARM? NO 🐼
3. NAME OF DECEASED (Type or print)	Franci		Middle Parran	Bond	4. DATE OF DEATH	April	th	27	,	reor 19 5 9
5. SEX Male	6. COLOR OR RACE	7. MARE	IED NEVER MARRIED	B. DATE OF BIRTH NOV. 24, 187	6	9. AGE (In years last birthday) 82 yrs.	Month	DER 1 YEAR	1	
10a. USUAL OCCUPAT during most of wo Plumb	rking life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote		ountry)	12.	U.S		COUNTRY
13. FATHER'S NAME  John H	Benjamin E	ond		Mary Jan		ave				
15. WAS DECEASEDEN (Yes, no. or unknown)	ER IN U. S. ARMED FOR (It yes, give wor or dates of s			Mattie I. Bo	nd .	Add Hollywo		Mar	ylan	ıd
PART I. DE	immediate (	Co	ne for (o), (b), ond (c).]	J mont	_				RVAL BET	
ČA1	ther significant con	DITIONS C	euc.	T NOT RELATED TO THE TERMIN			EN IN I	PART 1(o) 1	PERFOR	NUTOPSY RMED?
OR CONTRIBUTION	/AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in P	ort I or Part	II of item 18.)	¥			
ZOc. TIME OF INJU Hour o. m. p. m.	m 1000 10	While	Not while of work	LACE OF INJURY (Home, form, actory, street, office bldg., etc.)	20f. (City	or town)		(County)		(Stole)
21. I certify to alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Julian S	., 19.	and that deat		DORESS (SI	the causes of the cause of	and or	n the da	te state	
220. BURIAL CREMATION REMOVAL Specify	ON, 226. DATE THERECO		Parkwood	OR CREMATORY		imore,			(Stote	)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DIRECTORS 3 should be de-VS A15 (4) 1SM 10/57

After this certificate has been signed by the attending physician and campletery filled in by the hed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shrial, cremation, or removal, and in any event within 72 hours after death.

ched for use as the burial-transit permit. Then please remave carban paper

the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.

haspital ar attending physician.

23. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley Leonardtown, Md.

24c. REC'D BY REGISTRAR APR 2 9 '59 DATE

24b. REGISTRAR'S SIGNATURE arthur & though

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VS A15 (4) 15M 10/57

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04736

	47311					Reg. Dist. No	
1. PLACE OF a. COUNTY	St. Mary's	MARYLAND	II a CTATE	NCE (Where decease	d lived. If institution b. COUNTY	a	are admission)
b. CITY OF	TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 15		WN (If autside corp	orate limits, write R		arest town)
-	onardtown	42 days	V Rural	Rush	wood		
d. NAME (	OF HOSPITAL (If not in haspital, give stre	111111111111111111111111111111111111111	d. STREET ADD		wood.		e. IS RESIDENCE
OR INS	St. Mary's	Hospital	1				ON A FARM? YESTOK NO
3. NAME OF DECEASED (Type or pr		Middle Anna	Dyson	4. DATE OF DEATH	April	1, Do	Year 19 59
5. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		IF UNDER 24 HRS.
Femal	e Wolored WIDO	WED DIVORCED	June 11.	1867	91 birthday) yrs.	Menths D21	Haurs Min.
10a. USUAL C	CCUPATION (Give kind of work done 10	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLAC	E (State or foreign a	country)	12. CITIZEN C	OF WHAT COUNTRY
2.4	ast of warking life, even if retired) Se Wife	Home	N	Maryland		U.S.	A.
13. FATHER'S		2101110	14. MOTHER'S MA	4			
	Tenne Denne	Daniel Woodla	nd	? R	ily		
15. WAS DECI	EASED EVER IN U. S. ARMED FORCES?		NFORMANT		Add	ress	
NO NO	own) (If yes, give wor or dates of service)	Cl	em Dysor	Bushw	rood. Ma	ryland	
1	SE OF DEATH [Enter anly one cause per					LINT	ERVAL BETWEEN
	ART I. DEATH WAS CAUSED BY:		-			ONS	SET AND DEATH
1114	6 X IMMEDIATE CAUSE (a)	wre			A		3 wyo
44.7		0 1	ma	0.	1.	- / /	5
	ans, if any, which (b)	Willer	2 mig	crose	2 KOIZEZ		1 mone,
cause (a	), stating the under- DUE TO		0				
	(c)						
CATION	ANT II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	TETERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(a) 1	PERFORMED? YES NO TO-
200. ACC	IDENT WAS UNDERLYING   206. D	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of in	jory in Part I ar Pa	rt II af item 18.)		
200. ACC OR CONT	RIBUTING CAUSE OF DEATH						
		. INJURY OCCURRED 20e. PL	ACE OF INJURY (Har	me form 20f (Cit	w or lawal	(County)	(State)
	r a.m. Whi	le Nat while fac	ctary, street, office bl	dg., etc.)	, or idwiij	(County)	(Sidie)
*	p. m.	rork at work	2 Name				
21. I ce	ertify that I attended the dece	ased from 1) 15	1927,	to 4/1	19.5.7	Zithat I last so	aw the deceased
alive of	n 3/3/ 19	5 9, and that death	occurred at	110 . M. fra	m the causes a	ind on the da	te stated above
	10	an 11		ADDRESS (S	treet, city or tawn,	state)	DATE SIGNED
SIGNATU	RE hins	17BeV	M.D				4/3/5
PHYSICIA	Alle		-	2.6	3.// -	.3 3	1/1/
NAME (T)		Boyd M.D.	<u></u> <u></u>	eonardto	wn, Mar	yrand	
22a. BURIAL, O	REMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCA	TION (City, town, o	or county)	(State)
Buri	(Specify) 4/4/59	Sacred Hea	art	Bush	wood,	Maryl	
	DIRECTOR'S SIGNATURE	ADDRESS	24	le. REC'D BY REGIS		STRAR'S SIGNATUR	
W.Cla	rke Mattinglev	Leonardtown	Md.	APR 9 '5		hung S. Heraces	4

	ST SHOMITIAN STREET	HOTE	MTRATEGISTAT	MARYLANDS		
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			P. L. Walls S. D.			K.S.
					Total Control	
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			DEW PARTIE			
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		Carlotte IN				
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	Special Comment		· · · · · · · · · · · · · · · · · · ·			
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CHEAT TO THE BUTH						

# FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certified, writing the ward "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for each of the Chief Medical Examiner: Office along with form PM3. Page 5 may be retained for files. TO FUNERAL DIRECTOR: Page 3 should be used as a fourial permit. File pages 1 and 2 with the State Boofg of Health, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 haurs after death.

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VS. A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 474 DICAL EXAMINER'S CERTIFICATE OF DEATH

04737 Rea Dist No.

									PK	ad' nisi' i.	10.	
I. PLACE OF DEATH					2. USUAL RESH					Residence b	pefore odm	ission)
St.	Mary's		A	AARYLAND	0. SIAIE	Vir	ginia	D. CC	A	rlingt	ton	1
and give negres!	(If outside corporate limits, writen)	to RURAL	c. LENGTH OF	STAY IN 16	c. CITY OR T	OWN (I	lf autside car	porote limits,	write RUR	AL and give	nearest to	wn)
USNAS, PAT	UXENT RIVER		Secon	ds	1010	S. Q	uebec	St. ,	Ar	lingto	n 83	3 x -3
d. NAME OF HOS	PITAL OR INSTITUTION	(If not in has	pital, give street a	ddress)	d. STREET AL	DRESS						ESIDENCE A FARM?
					1010	S. Q	uebec	St.				NO X
3. NAME OF DECEASED	Fi	rst	Midd	le	Losi		4. DATE	1	Month	Do	y )	feor .
(Type or print)	El	legood	Vaugh	an	GRIFFI	N Jr	DEATH	April		5.	1	9 59
5. SEX	6. COLOR OR RACE	7. MARRIE	DE NEVER MA	RRIED [ 8.			. 1	9. AGE (In ye		INDER TYEA		
Male	Caucasian			CED S	eptembe	r 29	.1928	30	угэ. Мо	nths Days	Hours	Min.
100. USUAL OCCUPA	ATION (Give kind of work rking life, even if refired) ngineer	done 10b. K	IND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPLA	CE (State	a or foreign o	country)	1	2. CITIZEN	OF WHAT	COUNTRY
Sales E	ngineer	Ele	ectroni	cs Eq.	Nort	h Ca	roling			USA		
13. FATHER'S NAME					14. MOTHER'S N					000		
Ellegoo	d Vaughan	Griff	fin	200	Marga	ret	н.					
15. WAS DECEASED	EVER IN U. S. ARMED FO	ORCES? 16. 5	SOCIAL SECURITY	NO. 17. IN	FORMANT) F.F.	ioio	7 11 5	Mara- Ad	deas	2		
Yes Yes	EVER IN U. S. ARMED FO	3/58 2	238 32	2620	NARTU	, A	hacos	stia,	D. C	as.		
The state of the s	EATH [Enter only one co	use per line f	for (a), (b), and (c	1.]					11:13	INT	ERVAL BETWE	EEN ATH
PART 1. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	FRA	CTURE, S	KULL, I	POSTERIO	R				1	mmed	iately
860X	DUE TO	and	other m	ultiple	e injuri	es.						
Conditions, if		,										
gove rise to im (o), stating th	mediate cause DUE TO										- 1	
couse lost.	) (c	:}										
PART II.	OTHER SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO	DEATH BUT NO	OT RELATED TO T	HE TERN	AINAL DISEAS	E CONDITION	GIVEN	N PART 1(0)	19. WAS	AUTOPSY PRMED?
3				169.1								NO 🗌
PART II. 0 200. EXTERNAL CAUSE OF DEAT	CAUSE WAS	Ob. DESCRIBE	HOW INJURY O	CCURRED. (En	ter noture of inju	ry in Pa	rt I ar Port II	of item 18.)				
	iH.	Crash	, while !	landing	g, of mi	lita	ry air	craft.				
20c. TIME OF IN	IJURY Month, Doy, Ye	or 1204 A	HHER GEENERE	11 HOWPLAD	TO THE PARK SHA	e, form	m, 20f. (City	y or town)	7	(County)		(State)
11:30 363		59 While	Not while	EX USNAS	Runwa	veg., erc	Patu	xent R	iver	.St.Ma	ry's.	Md.
	that I took charge	e of the s	emains descr	ibed abov	e, held an	Autaps	sv 🗔 I	nspection	RI I	nauity [	7 an	d in my
	th resulted from;	/ 1									_	a III III y
	1/1 A	de	1011	2	o, soicide	<b>,</b>	r.omiciae	, 011	zerer mil	nea main	iei []	
ACTUAL	W. S. WRA	CAP	T WE USN		USNAS	PATU	XENT I	RIVER,	MD.	4-5-59	DATE S	IGNED
SIGNATURE	MAN	9	7 17	20.	M.D. CHIEF ME		AL EXAMINE					
EXAMINER'S NAME (Type)	WM. D. BOY	ID, M.	of x	0			EXAMINER					
220. BURIAL, CREMA REMOVAL (Spec	TION, 22b. DATE THERE	OF	22c. NAME OF CE	METERY OR	REMATORY		22d. LOCA	TION (City, to	wn, or co		(Stote	
Burial-Sh		-59	Unkno					Bern		No. C	arol	ina
23. FUNERAL DIRECT		-10	ADDRESS		igton, DC	4o. REC	D BY REGIST			R'S SIGNATE		
Adams Fur	eral Home,	4748 W	isconsin	Ave.,	NW,	DARPI	R 8 '59		lithur	S. House	4	

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MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, TO

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						2-20/4

		Item 8.	EDICA	LEXAMINE	R'S CERT	<b>IFICAT</b>	E OF I	DEATH	Reg. Dist. N	4738
		4752 St. Mary	3	MARYL	O. STAT					
у Ь.	and give negrest to	nwn)	te RURAL	c. LENGTH OF STAY IN	1b c. CITY			rote limits, write		
d.				pitol, give street oddress)	d. STRE					e. IS RESIDENCE ON A FARM?
		larys Hosp:	ital			Ru				YES NO I
(1	Printy	Lillia	an	6	Holtz		OF DEATH	April	4	19 59
	emale	white	WIDOWED	DIVORCED [	6/16/1	8732	3/2	86 yrs.	Months Doys	Hours Min.
di	ring most of work  lousewi:	king life, even if retired)			Ma	rvland		ntry)	12. CITIZEN O	OF WHAT COUNTRY
13.	ATHER'S NAME	<b>7</b> 70			14. MOTHE	R'S MAIDEN N	AME			
						known		Address		
[Yes.		(If yes, give war or dates a	f service)			Hol+	7 -02			
	8. CAUSE OF DE		use per line (	for (o), (b), and (c), ]	001111	1 / /	0/	1110111	INT	ERVAL BETWEEN SET AND DEATH,
	PART I, DE	EATH WAS CAUSED BY:	)	Fragte	red &	kull	(De	vere)		5- Hr
	825 X		1							
	gove rise to imm	nediote couse	L							
		underlying								
CATION		/ Car	NOITIONS CO	entributing to DEATH	Ture	TO THE TERMIN	NAL DISEASE C	CONDITION GI	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO []
CERTIFI	PRIMARY OF DEATH	AUSE WAS ONTRIBUTING []	Ob. DESCRIBE	Luto les	D. (Enter noture o	finjury in Part	V		5	
MEDICAL	Hour am	, ,	or 20d. I 59 While of wo	NJURY OCCURRED 20e.	PLACE OF INJUIT foctory, street, of	Y (Home, form, fice bldg., etc.)	20f. (City or	, ~	(County)	Mano Ze
	21. I certify	that I took chorg	e of the r	emoins described	above, held	an Autopsy	, Ins	pection 🔀	Inquiry X	, and in my
	opinion death	h resulted from:	Notural c	ouses . Accide	nt 🔀, Suid	ide □, H	lomicide [	, Undete	ermined monn	er 🗌
		/A/i	1)	15 ans	M.D. CHIE	F MEDICAL EX	AMINER [			DATE SIGNED
	EXAMINER'S NAME (Type)	Wm. D. Bo	ovd. I	MD .					4/5	/59
220.	BURIAL, CREMATI	TION, 226. DATE THERE	OF			′	22d. LOCATIO	ON (City, town,	or county)	(Stote)
22	Burial	4/8/3	59	Mt. Oli	vet	24- 8500	Ba	ltimor	e, Md.	100
23.	ONERAL DIRECTO	OK 3 SIGNATURE		VDDWE 22		Z40. REC'D	BY KEGISIRA	R Z4b. REGI	STRAK'S SIGNATE	JKE
	3. N D O O O O O O O O O O O O O O O O O O	d. NAME OF HOSI  St. M.  3. NAME OF HOSI  OCCASED (Type or print)  5. SEX  Female  100. USUAL OCCUPA during most of wor HOUSEW1  13. FATHER'S NAME  15. WAS DECEASED (Yes, no. or unknown)  TO  18. CAUSE OF DI  PART I. DI  Conditions, if gove rise to imm (a), stating the couse lost.  PART II. C  PRIMARY Do. EXTERNAL C CAUSE OF DEAT  200. EXTERNAL C PRIMARY DO. EXTERNAL C ST. D. P. T  21. I certify opinion deot  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  220. BURIAL, CREMOVAL (SPACE REMOVAL (SPACE REMOVAL (SPACE REMOVAL (SPACE BURIAL, CREMOVAL (SPACE BURIAL, CREMOVAL (SPACE REMOVAL (SPACE	b. CITY OR TOWN (If outside corporate limits, with and give nearest form)  Leonardtown  d. NAME OF HOSPITAL OR INSTITUTION  St. Marys Hosp:  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE  female white  100. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)  HOUSEWIFE  13. FATHER'S NAME  Thomas Mi  15. WAS DECEASED EVER IN U. S. ARMED FE  1794. NO. 87 UNKNOWN)  18. CAUSE OF DEATH [Enter only one constitutions, if only, which gove rise to immediate cause (a), storing the underlying couse lost.  PART II. OTHER SIGNIFICANT CONSTITUTION  PART II. OTHER SIGNIFICANT CONSTITUTION  PART II. OTHER SIGNIFICANT CONSTITUTION  200. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING COUSE lost.  YOU DE TO CAUSE OF DEATH.  21. I certify that I took chorg opinion deoth resulted from:  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THERE REMOVAL (Specify)	b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest fowg)  Leonardtown  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital)  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE  7. MARRIE (IT DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  13. FATHER'S NAME  Thomas Mullik:  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  16. CAUSE OF DEATH (Enter only one cause per line of the part of the par	b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest lown)  Leonardtown  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  St. Marys Hospital  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED VORCED  100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if refired)  HOUSEWIFE  13. FATHER'S NAME  Thomas Mullikin  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yea, no, or unknown)  16. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH ENTER OF CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING DEATH ENTER OF CAUSE OF DEATH.  21. I certify that I took chorge of the remoins described opinion deoth resulted from: Notural causes Accided ACTUAL SIGNATURE  EXAMINER'S NAME De Boyd, MD  220. BURIAL CREMATION, 22b. DATE THEREOF PRIMARY PORCEMENTS, NAME (Type)  BUF 13   4/8/59   Mt. Oli	1. PLACE OF DEATH O. COUNTY  D. CITY OR TOWN IN outline corporate limits, write RURAL STORY OR TOWN IN outline corporate limits, write RURAL Leonardtown  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)  St. Marys Hospital  3. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)  St. Marys Hospital  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF B.  6. COLOR OR RACE  7. MARRIED NOVERED B. DATE OF B.  6. COLOR OR RACE RUBOWS DIVORCED B. DATE OF B.  6. COLOR OR RACE RUBOWS DIVORCED B. DATE OF B.  7. MARRIED NOVERED B. DATE OF B.  7. BUT ALL WILLIAM 10. SINTE MARRIED NOVERED B. DATE OF B.  8. DATE OF B.  8. DATE OF B.  8. DATE OF B.  8. DATE OF B.  11. BIRT MODERNIC MARRIED MIDDWINE MARRIED MIDDWINE MIDDWI	I PLACE OF DEATH  1. PLACE OF DEATH  2. USUAL RESIDENCE [W  3. STATE MATY]  3. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  3. NAME OF HOSPITAL OR INSTITUTION [If not in hospitol, give street oddress)  3. NAME OF HOSPITAL OR INSTITUTION [If not in hospitol, give street oddress)  3. NAME OF HOSPITAL OR INSTITUTION [If not in hospitol, give street oddress)  3. NAME OF HOSPITAL OR INSTITUTION [If not in hospitol, give street oddress)  3. NAME OF HOSPITAL OR INSTITUTION [If not in hospitol, give street oddress)  3. NAME OF HOSPITAL OR INSTITUTION [If not in hospitol, give street oddress)  3. NAME OF HOSPITAL OR INSTITUTION [If not in hospitol, give street oddress)  4. DIVORCED   6/16/18732  100. USUAL OCCUPATION [Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY]  11. SIRTHFLACE (Stole during most of working life, even if relired)  4. MOTHER'S MADIEN N  15. WAS DECEASED EVER IN U. S. ARMED PORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), ond (c).]  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN gove rise in immediate couse (c), stoling the underlying (c)  200. EXTERNAL CAUSE WAS  200. EXTERNAL CAUSE WAS  201. I Certify that I look chorge of the remoins described above, held an Autopsy opinion deoth resulted from: Notural couses   Accident   S. Suicide   ACTUAL SIGNATURE  201. RURIAL, CREMATION. 1726. DATE THEREOF EXAMINERS  NAME [Typp] Win D. BOYd, MD  21. I Certify that I look charge of the remoins described above, held an Autopsy opinion deoth resulted from: Notural couses   Accident   S. Suicide   A. SISTANT MEDICAL EXAMINERS  NAME [Typp] Win D. BOYd,	D. COUNTY  St. Marys  B. 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If initial processing of the control of the country of the	PLACE OF DEATH   St. Marys   St. Marys

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retained by the haspital ar attending physician.  TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the	page 3 should be another for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shows be filled with	the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death.
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VS A15 (4) 15M 10/S7

	47	53	CERTIFICA	ATE OF DE	ATH		Reg. Dist. N	lo.
1. PLACE OF DEATH o. COUNTY St.	Mary's		MARYLAND	O. STATE	NCE (Where deced	sed lived. If institution b. COUNTY	St. Ma	
	If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside cor	porate limits, write R		
Rurak M	addox		38 yrs	XRural	Maddo	x	-1511-011	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, (	give street	address)	d. STREET ADD	PRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Claude	rst	Middle Aloysius	Lace	V JOEAN	Mon H April	<sup>th</sup> 20.	Day Year 19 <i>5</i> 9
5. SEX		7. MARI	RIED KNEVER MARRIED	B. DATE OF BIRTH	J	9. AGE (In years		AR IF UNDER 24 HRS
Male	White	WIDOW		Dec.19,	1998	last birthday)	Months Days	s Hours Min.
10a. USUAL OCCUPATI during most of wo Farmer	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLAC		ryland		S.A.
13. FATHER'S NAME				14. MOTHER'S M	AIDEN NAME			
	Joseph	Fra	mcis Lacey	Annie	Floren	ice		
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress	
No	In yes, give wor or oates or		17-36-6084 Ma	ry E. La	cey	Maddox	, Maryl	Land
PART 1. DE.  4420.1  Conditions, if of gove rise to couse (o), stating lying cause lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ony, which immediate the under-	o) o) o)	Gorana  Garena	v Cano	Le CV		rent °	NTERVAL BETWEEN NSET AND DEATH
PART II. OT	HER SIGNIFICANT CON	IDITIONS_	Cerring to death but		HE TERMINAL DISE	ASE CONDITION GIV	retifle	19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING  GOVERNMENT GOVERNM	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of i	njury in Port I or P	'art II of item 18.)		
ZOc. TIME OF INJU Hour a. m. p. m.	RY Manth, Day, Ye	While	NJURY OCCURRED 20e. PL Not white k of work	ACE OF INJURY (Ho ctory, street, office b	me, form, 20f. (C	ity or town)	(Count	ly) (State)
21. I certify to alive on	hat I attended the	deceas	ed from furl and that death	n occurred at		/	ind an the d	saw the deceased at the stated above DATE SIGN
PHYSICIAN'S NAME (Type)						sville,		ind
Burial Crematic		9	Sacred Hea			ation (City, town, outshwood,		(Stote) Maryland
23. FUNERAL DIRECTOR			ADDRESS	2.	4a. REC'D BY REG	ISTRAR 246. REGIS	TRAR'S SIGNAL	TURE
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 I. TIE F CERTIFICATE OF BEATU

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	26	24	CEKHIFIC	AH	OF DEATE	1		Reg. Dist	i. No.	
	. Mary's		MARYLAND		USUAL RESIDENCE (WHO STATE Maryla		4		e before odm	
b. CITY OR TOWN (I RURAL ond give no Leonar	If outside corporate lim earest town) COLOWN	ils, write	c. LENGTH OF STAY IN 16	X	Hollywood		rote limits, write R	JRAL ond gi	ve nearest to	own)
d. NAME OF HOSPIT OR INSTITUTION	St. Mar			1	d. STREET ADDRESS				ON	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Will	iam	Middle Thomas	La	awrence	4. DATE OF DEATH	April	th	Doy 24,	Year 19 59
5. SEX Male	6. COLOR OR RACE White	7. MARRI WIDOWE	DIVORCED		ate of Birth 1g. 5,1906	5	9. AGE (In years last birthdoy) 52 yrs.	Menths 1	YEAR IF UN	
Brick N	ON (Give kind of work king life, even if retired ASON	done 10b. I	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Stole Virginia		ountry)		ZEN OF WH.	AT COUNTRY
	ohn Lawre			14	Matt		Tenda	11		
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)		infor	de S. Law	rence	Holly		Mary	land
	ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	10	e for (o), (b), and (c).]		dena				INTERVAL ONSET AN	BETWEEN ND DEATH
Conditions, if o		(	arino	0	fres	2			29	hs.
cause (a), stoting lying couse last.	the under-	:)								)
CATIO		n	ONTRIBUTING TO DEATH BU					EN IN PART	PER	S AUTOPSY FORMED?
	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Er	iter nature of injury in F	Port I or Port	11 af item 18.)			
Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While	DURY OCCURRED 20e. I	oclory,	OF INJURY (Home, form street, office bldg., etc.	20f. (City	or town)	(Co	ounty)	(State)
21. I certify the	at/1 attended the	decease	d fram , and that deal	h acc	, 1957, to M		the causes a			
ACTUAL	La 1-	$\geq$	Sau	_ M.D.			eet, city or town.			DATE SIGNED
	Julian S.		e M.D.		Lexin	gton,	Park,	Mary.	Land	
220. BURIAL CREMATIO REMOVAL (Specify) BURIAL	4/27/59	) 9	Joy Chape		Cemetery	Holl	ion (City, town, o	r county)	MaryI	and
23. FUNERAL DIRECTOR			ADDRESS			BY REGIST	RAR 24b. REGIS	TRAR'S SIGN	NATURE	V-SWID
W.Clarke I	Mattingle	y Le	onardtonn.	Md	. DATE AP	R 2 8 '5	9 0	72 mg 8 .	Harris	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs ofter death.: Page 4 may be retoined by VS A1S (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04741

2100	keg. Dist. No.
1. PLACE OF DEATH  o. COUNTY St. Mary's MARYLAND	2. USUAL RESTDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY St. Mary's
b. CITY OR TOWN     outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 and gives recered town.    Rural Great Mills 2 mos	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Creat Mills,
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS Hill's Trailer Court  on A FARM? YES □ NO →
3. NAME OF First Middle (Type or print) Kenneth Wayne LINT	Lost A. DATE Month Doy Yeor OF DEATH April 8, 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED MARRIED MARRIED MIDOWED DIVORCED DIVORCED	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF WORKING HIS EXPENSIVE OF BUSINESS OR INDUSTRIES OF WORKING HIS EXPENSIVE OF BUSINESS OR INDUSTRIES OR INDUSTRIES OF BUSINESS OR INDUSTRIES OR INDUS	STRY 11. BIRTHPLACE (Store or foreign country)  Edmore, Michigan  12. CITIZEN OF WHAT COUNTRY  USA
13. FATHER'S NAME  Kenneth Wayne Lint Sr.	14. MOTHER'S MAIDEN NAME Shirley May McQueen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	W.Lint, Sr. (Father) Great Mills, Maryland
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  491 X  DUE TO  Conditions, if ony, which gove rise to immediate cause (o), sloting the underlying couse last.  (c)	neumonidiffuse Strrt
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES  NO
	(Enter noture of injury in Port 1 or Port 11 of item 18.)
Hour o. m. 19 While Not while of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)
21. I certify that I took charge of the remains described ob opinion death resulted from Noticel couses . Accident ACTUAL W. L. CAMBBELL, I.T MC USNR, STAHOSIGNATURE EXAMINER'S NAME (Type) WM D. BOYD, M.D.	OSP USNAS PATUXENT RIVER, MD. 4-8-59 DATE SIGNED  M.D. CHIEF MEDICAL EXAMINER D  ASSISTANT MEDICAL EXAMINER D  DEPUTY MEDICAL EXAMINER
Burial (Specify) 22b. Date thereof Burial (Specify) 4/12/59 22c. Name of Cemetery o	(0.010)
W. Clarke Mattingley Leonardtown,	Md. PR 2 0 '59 24b. REGISTRAR'S SIGNATURE  APR 2 0 '59 Continuo & Harra

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF REALTH-BASTINGKE 18
ATTEMPT OF DEATH OF DEATH

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	fter this certificate has been signed by the attending physician and campletely filled in by the	ed far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shows be filed as	th.	
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7	7	Ξ.	the registrar prior to burial, cremation, or removal, and in any event within 12 haurs after death.
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within may be retained by the haspital or attending physician.	A15	(4)	
ISM	10	131	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 4756 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. countst . Mary 's MARYLAND Marvis b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest tawn) Keonardtown St. Inigoes days d. NAME OF HOSPITAL (If not in hospital, give street address) Ad. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Hospital Mary's YES NO TO NAME OF 4. DATE First Middle last Dov Yeor DECEASED OF Morris Miller April 1 1959 Caleb (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Min. Colored Male WIDOWED K 1874 DIVORCED [ YES. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland U.S.A. Waterman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Billy Miller Jane 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war at dates of service) (Yes, no, or unknown) Mary Cecelia Johnson Sr. Inige s None No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc. Hour o. m. While Not while of work at work p. m. 21. I certify that I attended the deceased from that I last saw the deceased and that death accurred at 100 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) P. J. Bean M. Great Mills Maryland 220. BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote) REMOVAL (Specify) Bount-Zaon St. Inigoes Maryland Burial ADDRESS 24b. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE W.Clarke Mattingley Leonardtown, Md.

24g. REC'D BY REGISTRAR

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DATE APR 1 4 '59

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## FOR STATE HEALTH DEPT.

ite, writing the ward "pending" in pendi in Item. 18. Give Pages 1, 2, and 3 to the funeral disect to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to OR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Baa gent, priar to burial, cremation, ar removal, and in any event with 72 bears after death. ar its designated agent, priar ta burial, 4 shauld be for TO FUNERAL DIRE

VS. A15ME

5M 2/57

Burial 4/23/59
23. FUNERAL DIRECTOR'S SIGNATURE

W.Clarke Mattingley Leonardtown, Md.

			EXAMINER						() 4 Dist. No	74:	}
1. PLACE OF DEATH  o. COUNTY  St. Mary's MARYLAND					SIDENCE (W Mary]		ed lived. If institu b. COUNT		lence bel		
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negrest fown)  Rural Great Mills  Life					R TOWN (IF		t Mills		d give n	earest to	wn)
d. NAME OF HOSPITA	L OR INSTITUTION (I	f nat in hospit	al, give street address)	d. STREET	ADDRESS					ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Elmer		Middle Alphonsus	No	rris	4. DATE OF DEATH	April		Doy		1ear 959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED DIVORCED DIVORCED			399	9. AGE (In years lost birthday) 69 yrs.	Menths 1	Poys	Hours	ER 24 HRS. Min.
during most of working  Farmer		ione 10b. KIN	D OF BUSINESS OR INDU Farm	STRY 11. BIRTHP	LACE (State	or foreign of		-	J.S.		COUNTRY?
13. FATHER'S NAME John Francis Alexander Norris					MAIDEN N	AME rris					
15. WAS DECEASED EVE	R IN U. S. ARMED FOI		CIAL SECURITY NO. 17.	INFORMANT			Address			1	

John Fra	ancis Alex	ande	r Norris		HER'S MAIDEN NA	AME rris		
15. WAS DECEASED [Yee, no, or enknown]	EVER IN U. S. ARMED F	ORCES? 16	S. SOCIAL SECURITY NO.	Norman	Norris	Great		Maryland
PART II. 0	mediate couse  underlying  DUE TO  OTHER SIGNIFICANT CO	ASP Han	phyxiation aging CONTRIBUTING TO DEATH				GIVEN IN PART I	INTERVAL BETWEEN ONSET AND DEATH  I(0) 19. WAS AUTOPSY PERFORMED? YES NO [2]
20c. TIME OF INHOUR ACTION	H. Wonth, Doy, Y. M. April 20 to	eor 20d. Whot v	1	e. PLACE OF INIfectory, street, Bar	URY (Home, form, office bldg., etc.)  n  d an Autopsy	20f. (City or town) Rural, Grea	X. Inquiry	St. Mary's
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Willie Uf	hus	vitt, Jr., M.	M.D. C	HIEF MEDICAL EXA	AMINER () L EXAMINER ()	eremmed mo	DATE SIGNED 4/21/59
220. BURIAL, CREMA REMOVAL (Spec Burial	TION, 226. DATE THERE		22c. NAME OF CEMETE HOLY	RY OR CREMATO	DRY	22d. LOCATION (City. 10) Great Mil		(Stote) Md.

24b. REGISTRAR'S SIGNATURE

arthur & House

240. REC'D BY REGISTRAR

DATE

Holy Face

MEDICAL BIOLONNER'S CERTIFICATE OF DEATH 1 1 1 1 The second section is a second of the second

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

U	4	7	4	4

4758 CERTIFICATE OF DEATH Reg. Dist. No.	X
1. PLACE OF DEATH o. COUNTY St. Marys  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before odn o. STATE  Maryland  No. COUNTY St. Marys	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	
d. NAME OF HOSPITÄL (If nat in haspital, give street address) OR INSTITUTION  d. STREET ADDRESS ON	RESIDER
3. NAME OF First Middle Last 4. DATE Month Day OF	Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UN lost birthday) Months Days Hou	NDER 24
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WH	AT CO
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  (c)	8ETWE
S YES	S AUTO
20c. TIME OF INJURY Month, Day, Year Haur a. m. 19 While at wark at wa	(
21. I certify that I attended the deceased fram all of the state of the last saw the alive on all of the last saw the alive of the last saw the last saw the last saw the alive of the last saw the last saw the last saw the last saw th	
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  Burial 4/28/59  Fort Lincoln  22c. NAME OF CEMETERY OR CREMATORY  Bladensburg, Marylan  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	d
	1. PLACE OF DEATH 6. COUNTY St. Marys  MARYLAND 1. COUNTY St. Marys  D. CIY OF TOWN If outside copporate limits, write 1. ENDER OF STAY IN 16 1. CITY OF TOWN I If outside copporate limits, write 1. ENDER OF STAY IN 16 1. CITY OF TOWN I If outside copporate limits, write RUBAL and give necess to 1. CITY OF TOWN I If outside copporate limits, write RUBAL and give necess to 1. CITY OF TOWN I If outside copporate limits, write RUBAL and give necess to 1. CITY OF TOWN I If outside copporate limits, write RUBAL and give necess to 1. CITY OF TOWN I If outside copporate limits, write RUBAL and give necess to 1. CITY OF TOWN I If outside copporate limits, write RUBAL and give necess to 1. CITY OF TOWN I If outside copporate limits, write RUBAL and give necess to 1. CITY OF TOWN I If outside copporate limits, write RUBAL and give necess to 1. CITY OF TOWN I If outside copporate limits, write RUBAL and give necess to 1. CITY OF TOWN I If outside copporate limits, write RUBAL and give necess to 1. CITY OF TOWN I If outside copporate limits, write RUBAL and give necess to 1. CITY OF TOWN I If outside copporate limits, write RUBAL and give necess to 1. CITY OF TOWN I II outside copporate limits, write RUBAL and give necess to 1. CITY OF TOWN I II outside copporate limits, write RUBAL and give necess to 1. CITY OF TOWN I II outside copporate limits, write RUBAL and give necess to 1. CITY OF TOWN I II outside to 1. CITY OF TOWN I

1	RURAL and give ne		ts, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If au	tside carporate li	mits, write RUR	AL and give n	earest town)	7.74
	Valle	y Lee		2 yrs.	\ \		y Lee				
	d. NAME OF HOSPIT. OR INSTITUTION	KL (If not in hospital, g	ive street o	address)	d. STREET A	Rura	1			ON A FA	ARM?
	NAME OF DECEASED (Type or print)	fin Marv	st	Middle Agnes	Perr	1	4. DATE OF DEATH	Month 4	25 /	Doy Yeo	
5. S	female	6. COLOR OR RACE	7. MARRI WIDOWE	ED NEVER MARRIED	B. DATE OF BIRT		las			R IF UNDER	_
10a	USUAL OCCUPATIO		dane 10b. 1	KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPE		r fareign cauntry)	<u> </u>	12. CITIZEN	OF WHAT CO	OUNTRY
13.	house			domestic	14. MOTHER'S		gton,	D.C.	1	USA	
		William T		ieen	τ	Inknov			A 25		
		R IN U. S. ARMED FOR			Mrs.Done	and Ge	rn <b>ë</b> r -	Valle		. Md.	
	18. CAUSE OF DEA	TH [Enter only one con TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO	, Co		hemor	rhef	و		IN	TERVAL BETW	VEEN EATH
	Canditions, if ar gave rise to in cause (a), stating t lying cause last.	ny, which (b)	1	Jeneralj.	nd on	Ten	orch	was:	1	9	> 1
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO	THETERMIN	IAL DISEASE CON	IDITION GIVEN	IN PART 1(a)	PERFORM	TOPSY AED? NO
CERTIF	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter nature a	of injury in Po	art I ar Part II af	item 18.)			
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Yea	While	DURY OCCURRED 20e.	PLACE OF INJURY I factory, street, affice	Hame, farm, b bldg., etc.)	20f. (City or to	wn)	(Caunt)	1)	(State)
	21. I certify the	at I attended the	decease		th accurred at		M, fram the		d an the d	ate stated	abav
	ACTUAL	ula	,	Lau	_M.D	an	PT (Street, o	oll as town, sta	(e) b	d 4	SIGNE
	PHYSICIAN'S NAME (Type)	Julian S	S. Le	ene, MD		Lexir	gton P	ark, M	d.		
-	BURIAL, CREMATION REMOVAL (Specify)	A/28/59		22c. NAME OF CEMETERY Fort Line	_		Bladen			(State)	
23.	FUNERAL DIRECTOR			ADDRESS			BY REGISTRAR	24b. REGISTR	AR'S SIGNAT		
	DD D-	binson -	-	ardtown. M		DATE	PR 3 0 '59	7	villag & ;	-	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH-DALTIMORE, I B

## FOR STATE

HEALTH DEPT.

M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for ed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for it files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boother: Health, ar its designated agent, prior to burial, cremation, ar semaged, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 04745 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY			institution: Residence before admission)
	MARYLAND a. STATE	Virginia b. Co	Alexandria
b. CITY OR TOWN (It outside corporate limits, write RUPAL and give nearest town)	STAY IN 16 c. CITY OR	OWN (If autside corporate limits,	write RURAL and give nearest tawn)
USNAS, Patuxent River Secon	ds	Alexandria	83x-3 v
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street	address) d. STREET A	DDRESS	e. IS RESIDENCE ON A FARM?
	552 E	ast Nelson Ave.	YES NO K
3. NAME OF First Mid-		4. DATE OF	Manth Day Year
(Type or print) Carlin Orlander	PROCTOR	DEATH Apri	1 5, 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER M.	ARRIED 8. DATE OF BIRTH	9. AGE (In y	
Male Caucasian WIDOWED DIVO	RCED   December	20,1936 22	yrs. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINES during most of working life, even if retired)	S OR INDUSTRY 11. BIRTHPLA	CE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
Sheet Metal Worker Avion, Ale	x.Va. Vir	ginia	USA
13. FATHER'S NAME	14. MOTHER'S A		
Carlin O. Prottor Sr.		Elizabeth	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY [Yes, no. or unknown]	NO. 17. INFORMANT OF	ficial U. S. Nav	W Records
Yes Inact. 5-9-54 to 4-59/22	6 44 5931 N	ARTU, Anacost	ia, D.C.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (	c). ]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) BURNS, 2nd	and 3rd degree	face. neck.	Seconds
860x DUE TO shoulders,	lateral surface	e of left arm a	
Conditions, if ony, which) (b)			
gove rise to immediate cause (o), stating the underlying DUE TO		E-17-LUE NEW	
couse lost. (c)			
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19, WAS AUTOPSY
5			PERFORMED? YES NO
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  200. EXTERNAL CAUSE WAS PRIMARY 10 or CONTRIBUTING   CAUSE OF DEATH.  CAUSE OF DEATH.  CAUSE OF DEATH.	CCURRED. (Enter nature of inju	ry in Part I ar Part II af item 18.)	
Clasii willio Id	anding, of mil:	itary aircraft	
	a mingony		(Caunty) (State)
11:30 km April 5 159 of ward Flat work	□ Naval Air S	tation Patuxent	River, St. Mary's, Md.
21. I certify that I took charge of the remains desc			
opinion death resulted from: Natoral couses			
Nh A A dear		PATUXENT RIVER,	MD /_5_50
ACTUAL W. S. WRAI, CAPT AC USI		DICAL EXAMINER	DATE SIGNED
alla Sila Dais		T MEDICAL EXAMINER	
EXAMINER'S NAME (Type) WM. D. BOYD, M.D.	DEPUTY A	MEDICAL EXAMINER	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF C	EMETERY OR CREMATORY	22d. LOCATION (City, N	awn, or county) (State)
Burial 4-8-59 Arling	ton National	Arlington	
23. FUNERAL DIRECTOR'S SIGNATURE . ADDRESS			REGISTRAR'S SIGNATURE
Adams Funeral Home, 4748 Wisc. Ave		DATE DATE	arihur S. Thank

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a Selmana Co.	THE RESERVE AND ADDRESS OF THE PARTY OF THE		
	the state of the s		English days through the
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PARTITION OF THE PARTIES.			THE REPORT OF THE PARTY OF THE PARTY.
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	nasen ar it is en i Th		Salara Santa Santa Santa Santa Santa Salara
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			action and any discussion was also not to the age.
		es es conseines estito louisen,	

VS A15 (4) 1SM 9/SS I

MARYLAND S	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
Laca	CERTIFICATE	OF DEATH		

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						K	eg. Dist, r	¥0.	
1. PLACE OF DEATH O. COUNTY C+ Monaria	MARYLAND	2. USUAL RESID			lived. If i	unty	Residence be	efore admi:	ssion)
St. Mary's  b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH O				rania		B	ucks		
RURAL and give nearest town)	F STAY IN 16	c. CITY OR T	OWN (It o	utside corpor	ate limits, v	vrite RURA	AL ond give	nearest low	n)
	ar		tham	ton		/	2 X =	9	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET A						ON	SIDENCE A FARM?
D.O.A. Station H	losp.	Huntin	gton		and	New	Road	YES [	NON
3. NAME OF DECEASED (Type or print) Walter Wesly	Middle SI	VYDER Lost		4. DATE OF DEATH	Aı	Month	1	Doy	Year 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED	B. DATE OF BIRTH			P. AGE (In	yeors IF	UNDER 1 YE	AR IF UND	ER 24 HRS.
	IVORCED 🔲	March 1		939	20	yrs. M	onths Day	s Hours	Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NESS OR INDUS	STRY 11. BIRTHPL	CE (Stote	or foreign co	untry)	0	12. CITIZEN	OF WHA	T COUNTRY?
Aviation Metalsmith U.S. N	vivel	Penr	errla	rania		2.3	USA		
13. FATHER'S NAME	lavy	14. MOTHER'S					008		
Frank Snyder		Marga	aret.	Marie	(75	et i	name	unkn	own)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes. give wor or dates of service)	ITY NO. 17. 10	NFORMANTO	Cicis	1 II	SI	T Address	Rocc	nde	O WILLY
Yes 6/57 to 4/59 167 30	5622	USNAS	Dot	TIVON:	P D4	iav y	Monro	land	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), o		ODIVAD	Fai	MXEII		er,		TERVAL B	ETWEEN
PART I. DEATH WAS CAUSED BY: Cardiac		+	100				Q	NSET AN	DEATH .
1/330	211100	-					- 1	mae	termin
DUE TO									
Conditions, if ony, which gove rise to immediate (b)									
couse (o), stoting the under-							F-14		
lying couse lost. ) (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				NAL DISEASE	CONDITIO	N GIVEN	IN PART 1(o	19. WAS	AUTOPSY ORMED?
3 History of soft systolic p	ulmoni	c murmu	ır.						NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING History of soft systolic p 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURRE	D. (Enter noture of	injury in P	ort I or Port	II of item 1	B.)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURR Hour o. m. p. m. 19 While Not while of work of work		ACE OF INJURY (H	lome, form,	20f. (City	or town)	7.00	(Count	lv1	(State)
Hour o. m.  While Not while of work of work		ctory, street, office	bldg., etc.		- 20			•	
				<u> </u>			**		
21. I certify that I ottended the deceased from									deceased
alive on, 19, ond	thot deoth	occurred ot		_M, from	the cou	ses ond	on the c		
Dead on Arrival 6:45 a.m.		n Hospi						0	ATE SIGNED
ACTUAL SIGNATURE OF THE PROPERTY OF THE PROPER		M.D. U. S	o. Na	val /	lir S	tat:	ion,	4/	13/59
PHYSICIAN'S TO TO THE TOTAL TOT									
NAME (Type) I.B. KORETSKY, LT MC U	ISNR	Patu	exnt	Rive	er.	lary	land		
220. BURIAL, CREMATION, 226. DATE THEREOF 22. NAME C	OF CEMETERY OF			22d. LOCATI				(Sto	te)
Removal 4 - 15-59				Sout	hamp	ton.	Penr	1.	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				BY REGISTR	AR 24b.		AR'S SIGNAT		
P.B. Robinson - Leonardt	own, M	Id.	DATE API	R 2 0 '59	)	arth	n 8. 16	aud	

	TE OF DEATH.	ADMINED	
a in the state of	ta y Lyanina		cives:
	danadiso	1000	
the me hew flow will am and			
107 La 212 2 100		nii e e e e e e e e e e e e e e e e e e	
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incipare , the dis-	W.1109., 25.480.		

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		4761		CERTIFIC	ATE OF D	EATH	1		Reg. Dist.	1474 No.	6
	PLACE OF DEATH o. COUNTY	St. Mary's	5	MARYLAND	o. STATE	ence (wh	ere deceased live	d. If instituti b. COUNTY	on: Residence		
	b. CITY OR TOWN ( RURAL ond give n	If outside corporate limi	its, write	c. LENGTH OF STAY IN 16	X c. CITY OR T	OWN (If o	outside corporate	limits, write R	URAL ond giv		-
	Rural Le	eonardtown		Life	Rural	I	eonard	town.			
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, g	give street	address)	d. STREET A	DDRESS				ON	A FARM?
3.	NAME OF DECEASED (Type or print)	Nell	**	Darlene	Walls		4. DATE OF DEATH	Aril	21	Day	Year 19 59
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	1	9. A	GE (In years	IF UNDER 1	YEAR IF UN	
F	emale	White	WIDOW	ED DIVORCED	Feb.16	,195	56 3	ist birthday) yrs.	Months D	ays Hour	s Min.
100	during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	Istry 11. BIRTHPU Leona			rylan		S.A.	
13.	FATHER'S NAME				14. MOTHER'S	MAIDEN		2			
	Wi	.lliam Enr	nisW	alls	Lena	Pea	arl Smi	th			
15. (Ye	WAS DECEASED EVE s. no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s			INFORMANT 11iam E	. Wa	lls L	Add eonar		, Mar	yland
	IB. CAUSE OF DEA	ATH [Enter only one co	use per li	ne for (o), (b), and (c).]	0,					INTERVAL	BETWEEN
	PART 1. DEA	TH WAS CAUSED BY:	1	arri amo	+ lot	an				ONSET AN	
	193.0	DUE TO									
	Conditions, if o		1								
	gave rise to i couse (o), stating lying cause lost.										
20	PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMI	NAL DISEASE CO	NDITION GIV	EN IN PART I	(o) 19. WA	SAUTOPSY
3			1	roul						YES [	FORMED?
CERTIFICATION	20a. ACCIDENT W/ OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of	injury in F	Port I or Port II of	item 18.)			
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yes	While	NJURY OCCURRED 20e. PI Not while fo	ACE OF INJURY (Hactory, street, office	lome, form bldg., etc.	, 20f. (City or to	own)	(Co	unty)	(Stote)
	21. I certify th	at I attended the	deceas	ed fram July 1	1958	. ta /	hilso	1057	.,that I la	st saw the	e deceas
	alive an	Jul 21	. 100		accurred at.	34	M, fram the	e causes a	ind an the	date sta	
	ACTUAL	tha	1	1 Clus	M.D	Cu	by Al	, ye	1	<u>J</u>	
	PHYSICIAN'S NAME (Type)	Julian S	. La	ne M. D.	Lex	ingt	on Parl	. Mar	yland	i	
220	BURIAL, CREMATIC	N, 226. DATE THEREC	)F	22c. NAME OF CEMETERY C	OR CREMATORY		22d. LOCATION				ote)
-	Burial	14/23/2	7	OddFellows			Camde			Delar	are
23. Tal	FUNERAL DIRECTOR		T	ADDRESS	36.2		BY REGISTRAR		STRAR'S SIGN	ATURE	
W	• orat.ke	Mattingre	ey L	eonardtown,	Md.	DATE AP	R 2 3 '59	u	stour L.	STATE OF	

O FUNERAL DIRECTORY After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be verached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shather registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. TO FUNERAL DIRECTOR VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

	No.	TARE OF DEAT		
	PER NUMBER OF STREET			
	1000	AV		
	是 和公司 大生			
		A STATE OF THE STA		
		1 sammonini	Bar out A'd le ple	
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The second		HE PER L		
		THE RELLEGIO		
La Unit Ave			A very law or A	

VS. A15ME(5) 5M 9/55

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cremation,	力制
prior to burial	>
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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERT

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IFICATE OF DEATH	0210	q
	Reg. Dist. No.	
		-

o. COUNTY St. Mary's		MARYLA	2. USUAL RESIDENCE	yland	b. COUNT	v	before odmission) Mary 1 s
b. CITY OR TOWN   If outside corporate is and give nearest town)  Piney Point - Rura		c. LENGTH OF STAY IN		(If autside corpo			e nearest town)
d. NAME OF HOSPITAL OR INSTITU		espitol, give street address)	d. STREET ADDRESS		y — Mul		e. IS RESIDENCE ON A FARM? YES NO
	First VIEGMAN,	Middle John	Clarence	4. DATE OF DEATH	April	27,	oy Year 19 59
5. SEX 6. COLOR OR Caucasi		DIVORCED DIVORCED	October 2,		lost birthdoy) 56 yrs.	Months Day	
10a. USUAL OCCUPATION (Give kind o during most of working life, even if r	etired)	S. Navy	OUSTRY 11. BIRTHPLACE (SN	ote ar fareign cou	untry)	12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Frank	Wiegma	n	Tiene	Jensen			
15. WAS DECEASED EVER IN U. S. ARA (Yes, no, or unknown) If yes, give war or Yes 10/23 to 5/46	ED FORCES? 16.		7. INFORMANT	0011001	Address		
Canditions, If any, which	BY: TATE	FARCTION OF M	YOCARDIUM				inutes
PART II, OTHER SIGNIFICAN  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.			UT NOT RELATED TO THE TER			/EN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, D Haur a. m. p. m.	Whil		PLACE OF INJURY (Home, fo foctory, street, office bldg., o	arm, 20f. (City o	or town)	(County)	(State)
21. I certify that I tack of death resulted fram: No	tural causes	Accident,	Suicide [], Hamici etuxent River M.D. CHIEF MEDICAL	de [], Und Mary]:		ause .	DATE SIGNED
EXAMINER NAME (Type) WM	D. BOYD,	M.D.	DEPUTY MEDICA	AL EXAMINER			7/29/
220. BURIAL, CREMATION, 22b. DATE  REMOVAL (Specify)  BUT 1 9 1  25 FUNERAL DIRECTOR'S SIGNATURE	1/59	Arlingto	n National		ON (City, tawn,  lingtor  AR   246. REGI		(State)

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Marvs

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INTERVAL BETWEEN

PERFORMED? YES NO TH

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24

Days

(County)

e. IS RESIDENCE ON A FARM?

YES THE NO

Year

59 19

04748

21. I certify that	I attended the decease	d from 17/1/4/, 19 3	19-6	TYVY	_, 19, that I last	saw the decea	sed
alive on	2 2 4 , 19	17_, and that death occurred at	81	_M, fram the	causes and on the	date stated abo	ove.
P	1/ _/	1.	11	ADDRESS (Street, c		DATE SIGN	
ACTUAL SIGNATURE	my w	Derbe M.D. p	1ec	henics	velle Vu	1d 41	27
						1/	1
PHYSICIAN'S NAME (Type)	Leon W. Beul	oe, MD					
	22b. DATE THEREOF	22c. NAME OF CEMETERY OR CREMATORY		22d. LOCATION (	City, tawn, or caunty)	(State)	
REMOVAL (Specify)	4/26/59	Armish Cemetery		Mecha	hicsville,	Md.	
FUNERAL DIRECTOR'S SIGNATURE ADDRESS				D BY REGISTRAR	24b. REGISTRAR'S SIGNA		
P.B. Robinson - Leonardtown Md.				PR 3 0 '59	Civilius & t.	Traus	

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executed within 24 hours after

P.B. Robinson - Leonardtown, Md. 4000212XV7

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MARYLAND STATE DEPARTMENT OF HEALTR BALTIMORE